

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049318

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12820

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Clayton	
Length of stay in lb 22 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) #77 Trent Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last JEAN (JACQUES) CARNAL		4. DATE OF DEATH Month Day Year Dec. 25, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-1926
9. AGE (last birthday) 37	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres Southern Mortgage Inv. Co.		10b. KIND OF BUSINESS OR INDUSTRY Lausanne, Switzerland
11. BIRTHPLACE (City and state or country) Lausanne, Switzerland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Paul Henri Carnal		13b. MOTHER'S MAIDEN NAME Margaret McDaniel Boorum	
14. NAME OF HUSBAND OR WIFE Marie Boyd Carnal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mr. F.L.Kenny 8011 Davis Dr.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Saenue's Cerebrius</i> DUE TO (b) <i>5811</i> DUE TO (c) <i>5811</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Uremia due to Hepatorenal Syndrome</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-7-61 to 12-25-63 and last saw him alive on 12-25-63 Death occurred at 4:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 35 No Central Clayton 5 Mo	
22c. DATE SIGNED 12-26-63		23. LOCATION (City, town, or county) (State) St. Louis County Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 12/26/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 26 1963	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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Dr. John Skinner
35 N. Central
PA 6-1166

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by NO EMBALMING Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.